

AUDIO / TRANSCRIPT ORDER

| | | | | | | | |
|--|--|---|--|--|--|--|------------------------------|
| 1. ORDER REQUEST: <input type="checkbox"/> DUPLICATE OF AUDIO CD Recordings Only | | <input checked="" type="checkbox"/> TRANSCRIPT | | 2. DATE OF ORDER: 6/26/2025 | | FOR COURT USE ONLY DUE DATE: | |
| 3. NAME: Melanie Holmes | | | | 4. PHONE NUMBER: 972-755-7105 | | 5. EMAIL ADDRESS: mholmes@haywardfirm.com | |
| 6. MAILING ADDRESS: 10501 N. Central Expy., Ste. 106 | | | | 7. CITY: Dallas | | 8. STATE: TX | 9. ZIP CODE: 75231 |
| 10. CASE NUMBER: 19-34054 | | 11. CASE NAME: Highland Capital | | 12. JUDICIAL OFFICIAL: Jernigan | | 13. DATE OF PROCEEDING: FROM: 06 / 25 / 2025 | |
| 14. ORDER FOR: | | <input type="checkbox"/> APPEAL | | <input checked="" type="checkbox"/> BANKRUPTCY | | <input type="checkbox"/> OTHER | |
| 15. ORDER: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> ORDINARY A. <input type="checkbox"/> </div> <div style="text-align: center;"> 7 DAY EXPEDITED <input type="checkbox"/> </div> <div style="text-align: center;"> DAILY <input type="checkbox"/> </div> <div style="text-align: center;"> HOURLY <input checked="" type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> 14 DAY EXPEDITED <input type="checkbox"/> </div> <div style="text-align: center;"> 3 DAY EXPEDITED <input type="checkbox"/> </div> </div> | | | | | | | |
| 16. AUDIO/TRANSCRIPT REQUESTED Specify portion(s) and date(s) of proceeding(s): | | | | | | | |
| PORTION(S) | | | | PORTION(S) | | | |
| <input checked="" type="checkbox"/> ENTIRE HEARING | | | | <input type="checkbox"/> TESTIMONY (SPECIFY WITNESS) | | | |
| <input type="checkbox"/> OPENING STATEMENT (PLAINTIFF) | | | | | | | |
| <input type="checkbox"/> OPENING STATEMENT (DEFENDANT) | | | | | | | |
| <input type="checkbox"/> CLOSING ARGUMENT (PLAINTIFF) | | | | <input type="checkbox"/> VOIR DIRE | | | |
| <input type="checkbox"/> CLOSING ARGUMENT (DEFENDANT) | | | | <input type="checkbox"/> OTHER (SPECIFY) | | | |
| <input type="checkbox"/> COURT RULING ONLY | | | | | | | |
| CERTIFICATION By signing 17. & 18, I certify that I will pay all charges (deposit plus additional as specified by the assigned transcriber). | | | | 17. SIGNATURE: /s/ Melanie Holmes | | | |
| | | | | 18. DATE: 6/26/2025 | | | |
| COURT USE ONLY | | | | | | | |
| A. PROCESSED BY: | | | | B. TRANSCRIPT TO BE PREPARED BY: | | | |
| PHONE NUMBER: | | | | ADDRESS: | | | |
| EMAIL ADDRESS: | | | | TELEPHONE: EMAIL ADDRESS: | | | |
| C. PARTY RECEIVED AUDIO: | | DATE: | | BY: | | \$31 FEE PAID: | |

DISTRIBUTION:

COURT COPY

ORDER RECEIPT

ORDER COPY